

SERIAL NUMBER 09/092,374	FILING DATE 06/05/98	CLASS 128	GROUP ART UNIT 3735	ATTORNEY DOCKET NO.
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APPLICANT WILLIAM P. SWEEZER JR., LAFAYETTE, CA; RONALD COLEMAN, OAKLAND, CA;  
WALTER W. LARKINS III, LOMITA, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED THIS APPLN IS A CON OF 08/566,405 12/01/95 PAT 5,765,568  
 WHICH IS A CIP OF 08/250,721 05/27/94 PAT 5,478,309  
gm

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED  
gm NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED  
gm NONE

FOREIGN FILING LICENSE GRANTED 06/22/98 \*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>gm</u> Examiner's Initials _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS HEARTPORT INC  
200 CHESAPEAKE DRIVE  
REDWOOD CITY CA 94063

TITLE ~~CATHETER SYSTEM AND METHOD FOR VENTING THE LEFT VENTRICLE~~  
 Method of Occluding A Patient's Ascending Aorta AND Delivering  
 Cardioplegic Fluid gm 02-20-02

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6017

<b>SERIAL NUMBER</b> 09/092,374	<b>FILING DATE</b> 06/05/1998 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> WILLIAM P. SWEEZER JR., LAFAYETTE, CA; RONALD COLEMAN, OAKLAND, CA; WALTER W. LARKINS III, LOMITA, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/566,405 12/01/1995 PAT 5,765,568 WHICH IS A CIP OF 08/250,721 05/27/1994 PAT 5,478,309				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/22/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 9
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> AUDLEY A. CIAMPORCERO, JR. ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003				
<b>TITLE</b> <i>Ascending</i> Method of Occluding & Patient's Aorta and Delivering Cardioplegic Fluid CATHETER SYSTEM AND METHOD FOR VENTING THE LEFT VENTRICLE				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 6017

<b>SERIAL NUMBER</b> 09/092,374	<b>FILING DATE</b> 06/05/1998 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> WILLIAM P. SWEEZER JR., LAFAYETTE, CA; RONALD COLEMAN, OAKLAND, CA; WALTER W. LARKINS III, LOMITA, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/566,405 12/01/1995 PAT 5,765,568 <i>gm 02/21</i> WHICH IS A CIP OF 08/250,721 05/27/1994 PAT 5,478,309				
<b>** FOREIGN APPLICATIONS *****</b> <i>None gm</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 06/22/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 9
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> AUDLEY A. CIAMPORCERO, JR. ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003				
<b>TITLE</b> Method of occluding a patient's ascending aorta and delivering cardioplegic fluid				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	